MDR Tracking Number: M4-03-6561-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-1-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 97039FT and 97139-PH.

II. FINDINGS & RATIONALE

DOS	CPT	Billed	Paid	EOB	MAR\$	Reference	Rationale
	CODE			Denial	(Maximum		
				Code	Allowable		
					Reimbursement)		
7-25-02	97039FT(2)	\$90.00	\$70.00	M	DOP	CPT Code	EOBs support typical
8-3-02						Descriptor	reimbursement of \$44.00 for each
8-7-02						Rule	15 minutes. Therefore, additional
8-8-02						133.307(g)(3)(D)	reimbursement of \$9.00 X 2 =
8-10-02							\$18.00 X 11 dates = \$198.00 is
8-13-02							recommended.
8-28-02							
8-29-02							
9-5-02							
9-12-02							
9-14-02							
7-27-02	97039FT	\$45.00	\$35.00	M	DOP		EOBs support typical
8-1-02							reimbursement of \$44.00 for each
8-20-02							15 minutes. Therefore, additional
8-24-02							reimbursement of \$9.00 X 6 dates
8-31-02							= \$54.00 is recommended.
9-3-02							
7-25-02	97139PH	\$50.00	\$35.00	M	DOP		EOBs support typical
7-27-02							reimbursement of \$50.00 for each
8-1-02							15 minutes. Therefore, additional
8-3-02							reimbursement of \$15.00 X 15
8-7-02							dates = $$225.00$ is recommended.
8-8-02							
8-13-02							
8-20-02							
8-22-02							
8-24-02							
8-28-02							
8-31-02 9-3-02							
9-3-02			1				
9-3-02							
TOTAL			1				Requestor should be reimbursed
IUIAL							an additional \$477.00.
				1			an additional \$477.00.

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III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes (997039FT and 97139PH) in the amount of **\$477.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$477.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 23rd day of February 2005.

Elizabeth Pickle Medical Dispute Resolution Officer Medical Review Division